



July 1, 2022 – June 30, 2023

### SSC MEMBERSHIP / RENEWAL FORM

Membership open to those 60 and older

All members must submit this confidential, mandatory form and remit membership dues every year prior to July 1<sup>st</sup>, to participate in all Stamford Senior Center programs and activities.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: \_\_\_\_\_ Gender: \_\_\_\_ Female \_\_\_\_ Male \_\_\_\_ Non-Binary

Spouse's Name: \_\_\_\_\_ (please note if registering as a couple spouse must complete separate form)

Race/Ethnicity: \_\_\_\_ American Indian \_\_\_\_ Asian/Pacific Islander \_\_\_\_ Black \_\_\_\_ White \_\_\_\_ Hispanic \_\_\_\_ Other

Email: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Back up Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

We commonly take photos or video of SSC classes and events. Members who participate should know that their likeness might be used. If you object to your photo being used, please let us know and we will do our best to keep you out of the photo.

From time to time, we would like to share with your adult children all the good things going on here at SSC. Keeping the public, especially your children, informed is critical to our mission of delivering you the best in programs, resources and services. Please take a moment to share their contact information and we will keep them up to date with periodic emails.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Anyone who wishes to participate in any indoor activities at the SSC must be fully vaccinated against COVID-19. Non-vaccinated individuals can participate in our outdoor events and zoom classes. Proof of vaccination must be presented with this form.**

Annual Membership Dues: \_\_\_\_\_ Single Member: \$60 \_\_\_\_\_ Married Couple: \$100

**Please make check payable to: The Stamford Senior Center**

**Mail to:** Stamford Senior Center, 888 Washington Blvd., 2<sup>nd</sup> Floor, Stamford, CT 06901  
or pay online with a credit card or Paypal at [www.stamfordseniorct.org](http://www.stamfordseniorct.org)

As a 501(c)3 not-for-profit organization, the Stamford Senior Center counts on the generous support of individuals to help support all the programs we offer. Would you like to make a donation with your membership fee?

Yes, I'd like to donate: \_\_\_\$10 \_\_\_\$20 \_\_\_\$50 \_\_\_\$100 \$ \_\_\_\_\_ (enter other amount)

**Participation is limited to individuals who:**

- Are self-mobile with or without assistive devices, such as a wheelchair, walker, cane, service dog, or with their personal companion/aide \*
- Are able to independently negotiate SSC facilities and/or field trips safely\*
- Are able to communicate, understand and carry out directions from staff and to recognize and respond appropriately to emergency situations
- Show good judgment, are orientated to time and place, have capacity for self-direction and the ability to interact appropriately with other participants and staff
- Maintain proper personal hygiene and have clean and appropriate clothing

*\*Members who meet these qualifications but also require the assistance of their own personally hired aide/companion may attend. The aide/companion is expected to adhere to these guidelines and accompany the member at all times.*

***The SSC does not provide aides or companions.***

**ASSUMPTION OF LIABILITY:** Participation in the activities offered at the Stamford Senior Center may involve risk of injury. I understand that participation in any recreational or sports activity involves risk. As a participant, I am aware of these hazards and my ability to participate. In addition, I understand and acknowledge that the novel coronavirus (“COVID-19”) has been declared a worldwide pandemic by the World Health Organization and is extremely contagious. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to and/or infected by COVID-19 at any point during my participation in the Stamford Senior Center services, programs and/or activities and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I further understand that The Stamford Senior Center does not provide accident/medical insurance for program participants.

I hereby release, waive, discharge and covenant not to sue The Stamford Senior Center, any of its officers, directors, employees, contracted instructors and volunteers and agree to hold each of them harmless from and as to any and all liability, losses, damages or costs of any kind or of any nature, including any related to COVID-19, that are caused by, result from or are related in any way to my participation in activities at The Stamford Senior Center.

**Agreement of Participant**

My signature below confirms that I have read and agree to follow the SSC Membership Guidelines and that I agree to the Assumption of Liability above.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date signed: \_\_\_\_/\_\_\_\_/\_\_\_\_